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Dated: September 19, 2003

Signature:

(Tamarra Alcaraz)

Docket No.: 286002021300  
(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Timothy R. BRAZELTON and Helen M. BLAU

Application No.: 09/993,045

Group Art Unit: 1632

Filed: November 13, 2001

Examiner: Q. Li

For: METHODS FOR TREATING DISORDERS OF  
NEURONAL DEFICIENCY WITH BONE  
MARROW-DERIVED CELLS

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### SUPPLEMENTAL RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Communication dated August 19, 2003 (Paper No. 8), for which a response is due on September 19, 2003. Accordingly, this Response is timely filed.



09-22-03

1632

41

		Please type a plus sign inside this box → <input type="text"/>	
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/993,045
		Filing Date	November 13, 2001
		First Named Inventor	Timothy R. BRAZELTON
		Group Art Unit	1632
		Examiner Name	Q. Li
Total Number of Pages in This Submission	3	Attorney Docket Number	286002021300

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Supplemental Response to Restriction Requirement (2 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	MORRISON & FOERSTER LLP Shantanu Basu - 43,318	
Signature		
Date	September 19, 2003	

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Dated: September 19, 2003      Signature:  (Tamara Alcaraz)